



Candidate's or Committee's Report of Receipts and Expenditures

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MAR 23 2005
S.D. SEC. OF STATE

Candidates and candidate committees: File in the office where you filed your nominating petition.
PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
500 E Capitol Ave., Pierre, SD 57501-5070

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee SD Chiropractic Political Action Committee (SDCPAC)

Complete Mailing Address 323 22nd Ave Brookings SD 57006

Name of Person Making Report Chad Munsterman Daytime Phone Number 605-692-7222

If you are a candidate, what office are you seeking? _____

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) Amendment of Year End Report and the Pre-general Campaign report

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 12/31/04 & 10/23/04

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Chad Munsterman, D.C. (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: 3/14/05

[Signature]
Candidate Signature or
Signature of Committee Treasurer or Chairperson

Filed this 23rd day of March 05
Chris Nelson
SECRETARY OF STATE

Schedule A – Direct Contributions (continued)

* \$ 0

Party Name	Address

*\$ 0

[illegible]

*\$

\$ 100-

For the reporting period ending: 12/31/04

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds
Total:	

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
Total:		0

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount
Total:	

Schedule F - Debts and Obligations

[illegible]

Total Obligations: 0

Name of Candidate or Committee: SDCPALFor the reporting period ending: 12/31/04**Summary Page**

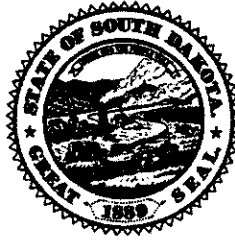
This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period: \$ 8379.09
2. Receipts

Schedule A - Direct Contributions	\$	<u>100.00</u>
Schedule B - Fund-Raising Events	\$	<u>0</u>
Schedule C - In Kind Contributions	\$	<u>0</u>
Schedule D - Other Income	\$	<u>0</u>
Total of all Receipts	\$	<u>100</u>
3. Total Monetary Receipts (A+B+D) \$ 100
4. Candidate's Personal Contribution to Own Campaign \$ 0
5. Monetary Loans to Candidate or Committee During Reporting Period \$ 0
6. Monetary Loans Repaid During Reporting Period \$ 0
7. Expenditures - Schedule E \$ 0
8. Unpaid Obligations - Schedule F \$ 0
9. Amount on hand at the close of this reporting period. *
This should equal lines (1+3+4+5) - (6+7) \$ 8479.09

Secretary of State

State Capitol, Ste 204
500 East Capitol Avenue
Pierre, South Dakota
57501-5070
sdsos@state.sd.us



Chris Nelson
Secretary of State

Chad Heinrich
Deputy

State of South Dakota

Voluntary Statement of Organization for a Political Action or Ballot Question Committee

State law does not require new political action (PAC) or ballot question committees to register with the Secretary of State. Law does however require these committees to file campaign finance reports periodically following the commencement of political activity. This voluntary registration form will give the Secretary of State the information necessary to send your committee the proper reporting forms prior to the deadline for filing.

FULL NAME OF COMMITTEE: _____

MAILING ADDRESS: _____

COMMITTEE TREASURER: _____

PHONE: _____

TYPE OF COMMITTEE (PAC or Ballot Question): _____

If you are a ballot question committee, please also indicate the measure which you are supporting or opposing.

Date: _____

Signature of person submitting voluntary registration